

# **QUARTERLY STATEMENT**

AS OF MARCH 31, 2006
OF THE CONDITION AND AFFAIRS OF THE

Tennessee Behavioral Health, Inc.

(Curre		0000	NAIC Company Code	95780	Employer's ID Numb	er 62-1621636		
	ent Period)	(Prior Period)	_			T		
Organized under the Laws of	of	Tenness	<u>see</u> , S	tate of Domicile o	r Port of Entry	Tennessee		
Country of Domicile			United	States of America				
Licensed as business type:	Life, Accide	ent & Health [ ]	Property/Casua	,	I Service Corporation [	•		
		ice Corporation [			n Maintenance Organizat			
		Hospital, Medical & Dental Service or Indemnity [ ]			Is HMO, Federally Qualified? Yes [ ] No [ ]			
Incorporated/Organized	1	2/15/1995		Commenced Business 07/01/1996				
Statutory Home Office		222 Second Ave		11	, Nashville, TN 37201 (City or Town, State and Zip Code)			
Maria Administrativa Office	(Street and Number) 222 Second Ave. N. Suite 220			Nachville "	Nashville, TN 37201 615-313-4463			
Main Administrative Office	(Street and Number)		(City or Town, Stat	te and Zip Code)	(Area Code) (Telephone Number)			
Mail Address	222 Second Ave. N. Suite 220			Nashville, TN 37201				
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)					
Primary Location of Books a	nd Records _	222 Second	I Ave. N. Suite 220 et and Number)		ille, TN 37201 n, State and Zip Code)	615-313-4463 (Area Code) (Telephone Number)		
Internet Website Address		(Silee	et and indiriber j	N/A	i, otate and 25p code;	(From Code) (Franspirente Harris,		
Statutory Statement Contact		Donnie Pen	nington		615-313-446	3		
		(Name	e)	-	(Area Code) (Telephone Num			
drpenningt	on@magella				615-313-4481 (FAX Number)			
Policyowner Relations Conta	(E-mail Address	)			(FAX Number)			
Folicyowner relations Conta		(Street and Nun	nber)	(City or Town, State a	and Zip Code) (Area Cod	le) (Telephone Number) (Extension)		
			OFFICER	S				
Name		Title		Name		Title		
Russell C. Petrella		Preside	ent	Andrew M. Cum	mings ,	Secretary		
			OTHER OFFIC	CERS				
Russell C Petrella			RECTORS OR T					
Russell C Petrella		Mark S. D	RECTORS OR T					
State of Cornel County of Hartfor	cticu	Mark S. D	RECTORS OR T	RUSTEES				
State of Correction of this reporting er above, all of the herein describe this statement, together with rel of the condition and affairs of it completed in accordance with it that state rules or regulations re	ntity being duly ed assets were ated exhibits, s ne said reportin ne NAIC Annua equire difference	Mark S. D. swom, each depose the absolute propert heddles and explan g entity as of the re Statement Instructies in reporting not re	RECTORS OR T remilio  ssc	described officers of free and clear from mexed or referred to, and of its income ar s and Procedures ms and procedures, as and procedures, as the selected correspondents.	any liens or claims thereon, is a full and true statement of deductions therefrom for the anual except to the extent the excerding to the best of their in adding electronic filing with the	at on the reporting period stated except as herein stated, and that of all the assets and liabilities and the period ended, and have been at. (1) state law may differ, or, (2) formation, knowledge and belief, b NAIC, when required, that is an regulators in lieu of or in addition		
State of Corwillo County of Heart for above, all of the herein describe this statement, together with rel of the condition and affairs of that state rules or regulations rerespectively. Furthermore, the sexact copy (except for formattin	ntity being duly ed assets were ated exhibits, s ne said reportin e NAIC Annua equire differenc cocope of this att g differences di	Mark S. D. swom, each depose the absolute propert heddles and explan g entity as of the re Statement Instructies in reporting not re	RECTORS OR T remilio  ssc	described officers of free and clear from nexed or referred to, and of its income ar s and Procedures me s and procedures, as the related corresport he electronic filling things	any liens or claims tiereon, is a full and true statement of deductions therefrom for the anual except to the extent the coording to the best of their inding electronic filing with the may be requested by various	except as freter list assets, and tabilities and the period ended, and have been at: (1) state law may differ, or, (2) formation, knowledge and belief, a NAIC, when required, that is an regulators in lieu of or in addition		
State of County of Hauffer County of Hauffer The officers of this reporting er above, all of the herein describe this statement, together with rel of the condition and affairs of the completed in accordance with that state rules or regulations re respectively. Furthermore, the sexact copy (except for formattin to the enclosed statement.  Russell C. F.	ntity being duly ed assets were ated exhibits, s ne said reportin e NAIC Annua equire differenc cocope of this att g differences di	Mark S. D. swom, each depose the absolute propert heddles and explan g entity as of the re Statement Instructies in reporting not re	e and say that they are the ty of the said reporting entity tatlons therein contained, an porting period stated above, ons and Accounting Practice salted to accounting practice cribed officers also includes of the endosed statement.	described officers of free and clear from nexed or referred to, and of its income ar s and Procedures me s and procedures, as the related corresport he electronic filling things	any liens or claims thereon, is a full and true statement of deductions therefrom for the anual except to the extent the excerding to the best of their in adding electronic filing with the	except as never stated, and that of all the assets and liabilities and the period ended, and have been at: (1) state law may differ; or, (2) information, knowledge and belief, but the state law that is an accordance.		

RAYMONDE A. PELLETIER NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2008

# STATEMENT AS OF MARCH 31, 2006 OF THE Tennessee Behavioral Health, Inc.

# **CASH FLOW**

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
Premiums collected net of reinsurance	46,747,463	215,541,545
2. Net investment income		958 ,973
Miscellaneous income	0	(
4. Total (Lines 1 to 3)	47,335,613	216,500,518
Benefits and loss related payments		173,393,67
Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.		
7. Commissions, expenses paid and aggregate write-ins for deductions		26,204,23
8. Dividends paid to policyholders		
Federal and foreign income taxes paid (recovered) \$	1 0	(
10. Total (Lines 5 through 9)	43,792,284	199,597,90
11. Net cash from operations (Line 4 minus Line 10)	3,543,329	16,902,61
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:	1	
12.1 Bonds	0	2,600,000
12.2 Stocks		, , , , , , , , , , , , , , , , , , , ,
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		2,600,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	ا ۵	2,600,59
13.2 Stocks		
13.3 Mortgage loans	0	
13.4 Real estate	0	
13.5 Other invested assets		
13.6 Miscellaneous applications		(
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	2,600,59
14. Net increase (or decrease) in contract loans and premium notes	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		(59)
Cash from Financing and Miscellaneous Sources		,
16. Cash provided (applied):		
16,1 Surplus notes, capital notes	0	
16.2 Capital and paid in surplus, less treasury stock		
16,3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied).	1	(
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)		
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17)	3.543.329	16 902 01
19. Cash, cash equivalents and short-term investments:	0,0,020	
19.1 Beginning of year	44,116,556	27 214 53
19.2 End of period (Line 18 plus Line 19.1)	47,659,885	

1	Note:	Supplemental disclosures of cash flow information for non-cash transactions:		
ſ	20,0001.	Conversion of debt to equity	0	Ω
1	20.0002.	Assets acquired by assuming directly related liabilities.	0	ΩΩ
1	20,0003.	Exchange of non-cash assets or liabilities	0	0

# **NOTES TO FINANCIAL STATEMENTS**

### Note 1 - Summary of Significant Accounting Policies

The accompanying financial statements of Tennessee Behavioral Health, Inc. ("TBH" or the "Company") have been prepared in conformity with the National Association of Insurance Commissioners (NAIC) Annual Statement Instructions, the NAIC Accounting Practices and Procedures Manual and the accounting practices prescribed or permitted by the State of Tennessee Department of Commerce and Insurance, which represents a comprehensive basis of accounting other than generally accepted accounting principles (GAAP).

#### Note 2 - Accounting Changes and Corrections of Errors

No significant change.

#### Note 3 - Business Combinations and Goodwill

No significant change.

### Note 4 - Discontinued Operations

No significant change.

### Note 5 - Investments

No significant change.

### Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

### Note 7 - Investment Income

No significant change.

### Note 8 - Derivative Instruments

No significant change.

### Note 9 - Income Taxes

For federal income tax reporting purposes, the Company's operations are included in Magellan Health Services, Inc.'s (Magellan's) consolidated federal tax returns. The Company files a separate state income tax return.

The Company maintains federal tax sharing arrangements with Magellan. Through these arrangements, Magellan has allocated \$1,553,282 of provision for income tax for the three months ended March 31, 2006. The current arrangement calls for an allocation based on Magellan's effective tax rate before reflecting the allocation and after effecting for permanent differences. This amount is included in the accompanying statement of revenue and expenses. Income taxes receivable and payable are included in due to affiliates in the accompanying statement of liabilities, capital and surplus.

### Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

The Company is a wholly owned subsidiary of Magellan Behavioral Health, Inc., which is directly owned by Magellan. The company holds no investments in any affiliated companies and makes no guarantees nor does it partake in any undertaking for the benefit of any affiliate.

### Note 11 - Debt

No significant change.

# Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

### Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

### NOTES TO FINANCIAL STATEMENTS

### Note 14 - Contingencies

No significant change.

#### Note 15 - Leases

No significant change.

# Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

### Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

No significant change.

Note 17C - Wash Sales - The Company had no Wash Sales during the quarter.

### Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

### Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change

### Note 20 - September 11 Events

No significant change

### Note 21 - Other Items

Effective January 2006, TennCare amended the risk sharing terms of the contract. TennCare will share in risks and gains only if the medical loss ratio is above ninety-one percent or below eighty-five percent. Otherwise, the contract is at full risk to the Company.

# Note 22 - Events Subsequent

On April 7, 2006, TennCare issued a Request for Proposals ("RFP") for the management of the integrated delivery of behavioral and physical medical care to TennCare enrollees in the Middle region by managed care organizations. TennCare has indicated that the start date of any such contract awarded pursuant to the RFP is expected to be April 1, 2007. The Company's current contract to cover members in the Middle region runs through the June 30, 2007. Should the implementation of the integrated Middle region service delivery system occur prior to the expiration of the current contact term, the management of the Company believes that TennCare will amend the contract to assign the Middle region members to the new managed care organization.

On April 13, 2006, the Company retired the \$11,168,341 surplus note. The transaction was approved by the Department of Commerce and Insurance.

### Note 23 - Reinsurance

No significant change.

### Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

### Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

# **NOTES TO FINANCIAL STATEMENTS**

## Note 26 - Intercompany Pooling Arrangements

No significant change.

## Note 27 - Structured Settlements

No significant change.

# Note 28 - Health Care Receivables

No significant change.

# Note 29 - Participating Policies

No significant change.

## Note 30 - Premium Deficiency Reserves

No significant change.

## Note 31 - Anticipated Salvage and Subrogation

No significant change.